



State of Tennessee
Department of Labor and Workforce Development
Division of Adult Education
Practice Test Verification

**DOCUMENT MUST
BE COMPLETED IN
BLUE INK**

(As it appears on ID) Last Name

First Name

Middle Name

Maiden Name

Address

Phone

Email

Practice Test Data

Form

Test Date

Total Score

Science

Social Studies

LA/Reading

LA/Writing

Math

_____ Applicant's score meets or exceeds the recommended score for the practice test but does not guarantee a passing score on the official test.

_____ Applicant's score does not meet the recommended score for the practice test and further study with Adult Education is recommended.

_____ I, the undersigned, understand that completion of the practice test is required before taking the official test.

_____ I, the undersigned, understand completion of the practice test does not guarantee a passing score.

Yes No I authorize the testing site to release my test results to _____

Adult Education SDA# _____.

Test Taker Signature

Date

I attest that the practice test was administered to the above named person following the practice test guidelines on

Test Date

Authorized Signature Adult Ed. Staff

Date